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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1837

<b>SERIAL NUMBER</b> 10/626,445	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> JJPR-0032
<b>APPLICANTS</b> Timothy Lovenberg, San Diego, CA; <i>DK 10/24/06</i> Changlu Liu, San Diego, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/790,849 02/22/2001 ABN <i>DK 10/24/06</i> which claims benefit of 60/208,260 05/31/2000				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James W. Allen</i> <i>DK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23377				
<b>TITLE</b> DNAS ENCODING MURINE HISTAMINE RECEPTORS OF THE H4 SUBTYPE AND ENCODED PROTEIN				
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	